

Centers for Medicare & Medicaid Services (CMS) Planning Workshop

Thursday, December 6, 2016
12 High Street, Lewiston, ME
CMMC Conference Rooms ABC

PRESENT: Chris Bickford, Maine Veterans Home; Mike Burke, Tri-County Mental Health; Richard Comstock, MaineGeneral Medical Center; Dwight Corning, Stephens Memorial Hospital; Jessica Dagneau, St. Mary's Regional Medical Center; Julia Dalphin, Maine Medical Center; Brian DeLong, Inland Hospital; Milt Dudley, Inland Hospital; Robert Ferris, Central Maine Health Care; Patrick Furey, Maine Center for Disease and Prevention; Brookes Gagnon, VA Maine; George Gardner, Bridgton Hospital; Norm Gauthier, Clover Health; Chris Gorham, Tri-County Mental Health; Don Grinnell, Knox County EMA; Michael Hatch, St. Mary's Regional Medical Center; Tom Hatch, Maine Medical Center; Brady Lake, North County Harris House; Ray Lussier, Life Safety Specialists, Inc.; Christine MacElhiney, Maine Medical Center; Howard Mette, Inland Hospital; Dennis Passmore, VA Maine; Capt. Patti Pettis, HHS/ASPR/HPP; Cindy Quinlan, Clover Health Care; Todd Tracy, United Ambulance; Wayne Werts, Atlantic Partners

CMRRC: Kara Walker, Director; Kris Gammon, Operations Manager

Presenter and Topic	Discussion/Talking Points	Minutes	Action/ Follow Up
Kara Walker, Director Risk Assessment & Planning	Centers for Medicare & Medicaid Services (CMS) requirements. Modified Kaiser Permanente model	Risk assessment and emergency planning include hazards such as (but not limited to): <ul style="list-style-type: none"> - Care-related emergencies - Equipment and power failures - Interruption in Communications - Loss of all/portion of facility - Loss of all/portion of supplies CMS require that each facility must: <ul style="list-style-type: none"> - Conduct risk assessment using an "all-hazards" approach. - Develop an emergency plan based on risk assessment. - Update the plan at least annually There are a few different tools available to conduct a Hazard Vulnerability Analysis (HVA) for your facility. What we use as a region is the modified Kaiser Permanente model which was based off the original Kaiser Permanente model that was	PowerPoint presentation can be found on our website at: http://cmrrc.org/wp-content/uploads/2016/12/CMS-Presentation.pdf The group preferred the use the Kaiser Permanente Model and will discuss more in depth at the next meeting. Future plans include a workgroup / education session to work on the HVA together by county in conjunction with county and local Emergency Management Agencies (EMAs).



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	<p>http://cchealth.org/ems/pdf/Kaiser-HVA-Tool-and-Instructions.pdf</p> <p>http://www.calhospitalprepare.org/hazard-vulnerability-analysis</p> <p>CHAOS HVA</p>	<p>developed in 2014. The modified model is used at the regional level because facility specific hazards were removed.</p> <p>Benefits include:</p> <ul style="list-style-type: none"> - Helps establish planning priorities. - Identifies hazards that pose the greatest risk to a facility. - Identifies jurisdictional gaps in public health and healthcare preparedness. <p><u>Group Discussion:</u> MaineGeneral uses the Kaiser model though it always creates a discussion whenever the Joint Commission visits because they do not plan exercises on the top three hazards that result from this model. MaineGeneral includes not only their hospital, but other facilities that are not in the same geographical location, which changes the outcome on the Kaiser model.</p> <p>St. Mary's indicated they had the same issue with separate locations.</p> <p>Another tool is called CHAOS HVA. Benefits to this program include:</p> <ul style="list-style-type: none"> - Greater objectivity - Data driven - More comprehensive approach - Greater consistency in interpretation and responses 	



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	<p>FEMA THIRA</p> <p>https://www.fema.gov/media-library-data/8ca0a9e54dc8b037a55b402b2a269e94/CPG201_htirag_2nd_edition.pdf</p>	<p><u>Group Discussion:</u> MaineGeneral has used this for one of their facilities. They loved the final outcome of this project, however, the length of time it took complete, they would have to hire someone full-time to complete it for all their facilities. Too time consuming to complete.</p> <p>Another model used by FEMA is the Threat and Hazard Identification and Risk Assessment Guide (THIRA). Benefits to this model include:</p> <ul style="list-style-type: none"> - Helps establish planning priorities. - Allows jurisdictions to estimate impacts from threats and hazards to the community across the 31 core capabilities and all mission areas (prevention, protection, mitigation, response, and recovery). - A unique feature includes a toolkit that provides multiple resources and templates. <p><u>Group Discussion:</u> This is emergency management specific and most EMA offices have gone away from this "daunting" program.</p>	
<p>Kara Walker, Director Planning</p>	<p>Develop an emergency plan based on your risk assessment.</p> <p>Comprehensive Preparedness Guide (CPG) 101</p>	<p>No matter what risk assessment model is used, an Emergency Operations Plan (EOP) needs to be developed based on your top risks.</p> <p>The CMRHCC uses a traditional, functional format with the CPG 101. Benefits of this plan are:</p> <ul style="list-style-type: none"> - Engages the whole community using a planning 	<p>The group agreed that the CPG 101 format would make sense from a regional consistency perspective</p>



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	<p>https://www.fema.gov/media-library-data/20130726-1828-25045-0014/cpg_101_comprehensive_preparedness_guide_developing_and_maintaining_emergency_operations_plans_2010.pdf</p> <p>Template development</p>	<p>process that represents the actual population in the community.</p> <ul style="list-style-type: none"> - Ensures plans are developed through an analysis of the risks. - Identifies operational assumptions and resource demands. - Prioritizes plans and planning efforts to support a seamless transition from development to execution for any threat or hazard. - Integrates and synchronizes efforts across all levels of government/community. <p>Group Discussion: Bridgton Hospital – uses a hybrid version of this plan. MaineGeneral – Their EOP plan was developed by each visit of the Joint Commission. Each visit has included something new from each new requirement that is needed. Feels it would be a lot of work to change EOP to a CPG 101, but could be completed over time. Transition to this format would need administrator level discussion. Though, could sell it by stating the plan needs to be operationalized. St. Mary’s – would like an “action oriented plan.” They use the CPG 101 format and include additional annexes, such as Security.</p> <p>Most facilities present did not really have a plan but felt what they had could be incorporated into this format and include any additional items not covered in the format as appendixes.</p> <p>Other:</p> <ul style="list-style-type: none"> - It was discussed there should be a workshop where 	<p>Kara is willing to assist with presentations of the CPG 101 to administrators if needed.</p> <p>A template with the CPG 101 format will be developed. Howard Mette, Mike Hatch, Jessica Dagneau and Ray Lussier agreed to assist Kara Walker and Kris Gammon develop a template.</p>



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	<p>National Fire Protection Association (NFPA) 1600</p> <p>http://www.nfpa.org/assets/files/AboutTheCodes/1600/1600-13-PDF.pdf</p>	<p>plans are written together. Everyone should use the same format so that they can “speak the same language, apples to apples.”</p> <ul style="list-style-type: none"> - It was suggested that Maine Hospital Association hold a class? - Could we accomplish this in the meetings we already have scheduled? - How do we get other facilities that need this plan here to our meetings? - Should there be an educational session with other facilities in order to show the value in this? <p>One other plan mentioned in this discussion was the NFPA 1600, though no one present at the workshop was using it.</p>	
<p>Kara Walker, Director</p> <p>Policies and Procedures</p>	<p>CMS requirements for Policies and Procedures</p>	<p>Develop and implement policies and procedures based on risk assessment</p> <ul style="list-style-type: none"> - Ensure they address relevant emergency issues such as subsistence needs, evacuation/shelter in place, tracking for patients and staff, etc. - Must be reviewed and updated annually. - Must comply with Federal and State law. 	<p>Hold off on working on Policies and Procedures until the EOP has been developed.</p>



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		<p>Policies and procedures would be included in the CPG 101 format ad functional annexes.</p> <p>What is the difference between policy and procedure? A policy is rules that you have to abide by. Procedure is how to get it done.</p> <p>A few examples of policies and procedures to use are:</p> <ul style="list-style-type: none"> - Evacuation / shelter-in-place - Special needs - Patient and staff tracking (St. Mary's uses a HICS standard form for tracking). - Medical Surge - Volunteers (Maine Responds is a state run program. MMC has a volunteer policy, but they would still need to be vetted/credentialed). <p>Other discussion: Memorandum of Understanding (MOU) documents are no longer being signed, for the most part.</p> <p>For most facilities, policies and procedures go through a special committee for approval, some are vetted through legal their legal department.</p> <p>Incident typing is a trigger to speak the same language.</p> <p>Alternate subsistence avenues need to be considered.</p>	
Kris Gammon, Operations Manager	Core Rule Elements	<p>Communication plan must:</p> <ul style="list-style-type: none"> - Comply with Federal and State laws - Needs a system to contact staff, including patients, 	Decision was to develop a communications plan template based on the annex



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Communications Plan	<p>CMS Criteria</p> <p>Ways CMRHCC Communicate</p> <p>What to include</p>	<p>physicians, other necessary persons</p> <ul style="list-style-type: none"> - Is well-coordinated within the facility, across health care providers, and with state and local public health departments and emergency management agencies <ol style="list-style-type: none"> 1. Speed of response. 2. Tailored to your population. 3. Coordinated with your local community. 4. Include a requirement to track patient and staff. 5. Document communication <p>Different types of communication that is used with our coalition are:</p> <ul style="list-style-type: none"> - Maine Health Alert Network (HAN) - EMResource - ICS 205 Form - Government Emergency Telecom Services (GETS) card - Website (www.cmrrc.org) - CMRRC Google number (207-558-5999) <p>WHO do you need to communicate with? WHY are those people/organizations important? WHAT do they need to know (or do)? WHEN do they need to know it? HOW do you communicate with them? WHERE do you deliver or store the material?</p> <p>Group Discussion: Discussion ensued regarding several different communications topics:</p>	<p>format associated with the CPG 101 documentation. Email examples of communications plans in place to the Central Maine Regional Resource Center if you are interested in sharing.</p>



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		<ul style="list-style-type: none"> • Pen Bay Medical Center had a full-scale exercise which used an Emergency Management Agency provided communications vehicle and local dispatcher to provide coordination with public safety. • Fire departments, Oxford Regional Communications Center, Kennebec Emergency Management Agency, and Togus VA have portable command vehicles with amenities such as portable banks of radios for communications. • Discussion of the importance of documentation of communications during a disaster along with how once the process is refined it can help with day-to-day issues such as when refuting complaints filed to the state. • Communications platforms were discussed: <ul style="list-style-type: none"> - Maine Health Alert Network https://www.mainehan.org/ - Send Word Now http://sendwordnow.com - InfoRad http://www.inforad.com/ - Txt Wire https://www.txtwire.com/ - Netpresenter https://www.netpresenter.com/ - Live Process https://www.liveprocess.com/ - Everbridge https://www.everbridge.com/ - Knowledge center http://knowledge-center.com/ (used by the entire state of New Hampshire) <p>When using a communications platform ensure that the email messages will not divert to spam folders. Test systems regularly.</p> <p>Participants felt as though there were too many pieces</p>	



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		<ul style="list-style-type: none"> - Informed by risk - Common methodology <p>Templates from start to finish for any exercise can be found on the HSEEP website as well as CMRRC.org</p> <p style="text-align: center;">Group Discussion: Real world incidents can qualify as a required exercise by using an ICS 201 form</p>	

NEXT MEETING:

CMRHCC, Thursday, December 15th, 0830 – 1200, CMMC CR A/B/C
 CMS Planning Workshop, Thursday, January 12th, 0830 – 1230, CMMC CR A/B/C
 CMRHCC, Thursday, February 16th, 0830 – 1200, CMMC CR A/B/C

